

Application Date: ____ / ____ / ____

Tracking No. _____

APPLICANT PROFILE

Applicant:		Authorized Representative:	
Name of Applicant _____		Name of Representative _____	
Position/Designation _____		Position/Designation _____	
Signature _____		Signature _____	
Company Name: _____			
Company Address (Main Office): _____		Contact Number (Main Office): _____	
Company Address (Billing Address): _____		Contact Number (Billing Address): _____	
Fax Number: _____		SEC/DTI/BDT Registration Number: _____	
Email Address: _____		Business Permit Number: _____	
Company Tax Identification Number: _____		Effectivity of Business Permit: _____	
Business Type <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Nature of Business: _____			

LEASE PROFILE

<input type="checkbox"/> New		<input type="checkbox"/> Renewal	
Property to be Leased:	<input type="checkbox"/> Land <input type="checkbox"/> Building	<input type="checkbox"/> Advertising Space <input type="checkbox"/> Others	
Location of Property: Port of _____	Block No. _____	Lot No. _____	
Area Size: _____ sq.m.	Rental Rate: _____ /sq.m./mo.		
Intended Use: _____	Duration: From _____ / _____ / _____	To _____ / _____ / _____	
Facilities to be put-up (for Medium or Long-Term Lease) _____			

DOCUMENTARY CHECKLIST

Short Term Lease

- | | |
|---|---|
| <input type="checkbox"/> Duly Accomplished Application Form with Customer Registration Form | <input type="checkbox"/> Duly Notarized Omnibus Undertaking (Sworn Affidavit) |
|---|---|

Medium and Long Term Lease

- | | |
|---|---|
| <input type="checkbox"/> Duly Accomplished Application Form with Customer Registration Form | <input type="checkbox"/> Architectural Plan/Layout Plan |
| <input type="checkbox"/> Duly Notarized Omnibus Undertaking (Sworn Affidavit) | <input type="checkbox"/> Secretary's Certificate/Affidavit Authorizing Representative to enter into a contract with the Authority |
| <input type="checkbox"/> Business Plan/Project Brief | |

VALIDATION FOR PPA USE ONLY

Filing Fee: _____ O.R. No.: _____ Date of Receipt: _____ Lessee Code: _____ Lessee Type: _____	Database Clearance: <input type="checkbox"/> Terminal Management Office <input type="checkbox"/> Port Operations Services <input type="checkbox"/> Finance <input type="checkbox"/> Port Police <input type="checkbox"/> Others _____
_____ Recommending Approval _____ Business Development Marketing Officer	_____ Approved _____ Port Manager